



# WILMINGTON DISASTER VOLUNTEER PROGRAM

## Volunteer Registration Form

Name \_\_\_\_\_

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_ Cell/Pager ( ) \_\_\_\_\_

Driver's License # \_\_\_\_\_ Date of Expiration (D/M/Y) \_\_\_\_\_

Special Skills \_\_\_\_\_ Date of Birth (D/M/Y) \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_ Cell/Pager ( ) \_\_\_\_\_

### Volunteer

Signature \_\_\_\_\_ Date \_\_\_\_\_

Photo ID \_\_\_\_\_

Signed Consent \_\_\_\_\_

## WAIVER OF CLAIMS AND RELEASE OF LIABILITY

As a Volunteer, I \_\_\_\_\_, will undertake all required training provided by the City of Wilmington and respond to an emergency or disaster on its behalf. I agree to conduct myself in accordance with said training and the dictates of the law. I hereby release, discharge, had harmless, and agree to undertake the defense of the City of Wilmington from any and all civil claims based on death, injury, or property damage which are caused in any manner by my service as a Volunteer. In relation to the Wilmington Disaster Volunteer Program, I hereby waive all rights, claims, or complaints against the City of Wilmington for damages (direct and consequential) arising out of the negligence of the City of Wilmington, myself, or other volunteers in this program.

I, \_\_\_\_\_, acknowledge that this waiver form is legally binding and hereby **knowingly, intelligently, and voluntarily** execute this agreement. It is my clear intent that this agreement shall be enforceable in the event of any future litigation.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Name (signature)

\_\_\_\_\_  
Date

SWORN TO and SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_ in the  
year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public